

APPENDIX

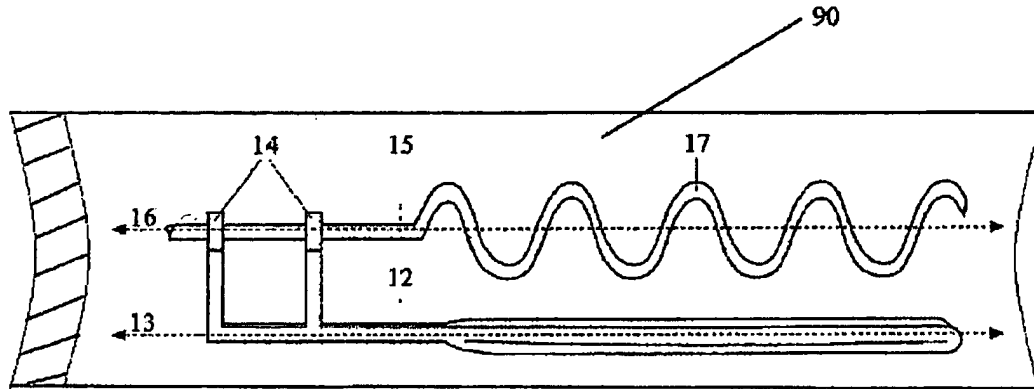



FIG. 9

Approved for use through 07/31/2006. OMB 0651-0032
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| FEE TRANSMITTAL for FY 2004 <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i> | | Complete if Known | |
| | | Application Number | 10/064,235 |
| | | Filing Date | 6/24/2002 |
| | | First Named Inventor | Craig, H. Randall |
| | | Examiner Name | Mendoza, Michael G. |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 3731 |
| TOTAL AMOUNT OF PAYMENT (\$) 398.00 | | Attorney Docket No. | HRCM.P-004 |

| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------|------------------------------------|----------|--|-------------------|-----------------|----------|----------|----------|----------|----------|------|-----|------|-----|--------------------------|-------|------|-----|--------|---------|--------------------------------------|----|------|-----|------|---------|---------------------------------------|--------------------|------|-----|------|-----|---|--|------|-----|------|----|--|--|---------------------|--|--|--|--|-------------------|--|--|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Number: 15-0610 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>790</td><td>2001</td><td>395</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>350</td><td>2002</td><td>175</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>550</td><td>2003</td><td>275</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>790</td><td>2004</td><td>395</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$)</td></tr></tbody></table> | | Large Entity | | Small Entity | | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 790 | 2001 | 395 | Utility filing fee | | 1002 | 350 | 2002 | 175 | Design filing fee | | 1003 | 550 | 2003 | 275 | Plant filing fee | | 1004 | 790 | 2004 | 395 | Reissue filing fee | | 1005 | 160 | 2005 | 80 | Provisional filing fee | | SUBTOTAL (1) | | | | | (\$) | | |
| Large Entity | | Small Entity | | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1001 | 790 | 2001 | 395 | Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1002 | 350 | 2002 | 175 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1003 | 550 | 2003 | 275 | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 | 790 | 2004 | 395 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | | | (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th colspan="2">Total Claims</th><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th rowspan="2">Fee Paid</th></tr><tr><th></th><th></th><th></th><th></th><th></th><th></th></tr></thead><tbody><tr><td></td><td>30</td><td>-20**</td><td>10</td><td>X</td><td>\$9.00</td><td>\$90.00</td></tr><tr><td>Independent Claims</td><td>10</td><td>-3**</td><td>7</td><td>X</td><td>\$44.00</td><td>\$308.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> | | Total Claims | | Extra Claims | | Fee from below | | Fee Paid | | | | | | | | 30 | -20** | 10 | X | \$9.00 | \$90.00 | Independent Claims | 10 | -3** | 7 | X | \$44.00 | \$308.00 | Multiple Dependent | | | | | | | | | | | | | | | | | | | | |
| Total Claims | | Extra Claims | | Fee from below | | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 30 | -20** | 10 | X | \$9.00 | \$90.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 10 | -3** | 7 | X | \$44.00 | \$308.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Large Entity | | Small Entity | | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 | 18 | 2202 | 9 | 9 Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 | 88 | 2201 | 44 | 44 Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 | 300 | 2203 | 150 | Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 | 88 | 2204 | 44 | **Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | | | (\$)398.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **or number previously paid, if greater; For Reissues, see above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBTOTAL (3) (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------------------|---|-----------------------------------|------------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print/Type) | Carl Oppedahl | Registration No. (Attorney/Agent) | 32,748 |
| Signature |  | Telephone | 970-488-6600 |
| | | Date | December 7, 2004 |

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